## **APPENDIX 3-C**

## **DOH FORMS**

## NOTIFICATION OF INTENT TO CLOSE UNDERGROUND STORAGE TANKS

AND

NOTICE OF INTENT FOR CHANGE-IN-SERVICE OF UNDERGROUND STORAGE TANKS

			Notice of Intent	o Clos	e Unde	erground Storage Ta	anks		
Mail this form to:					fax It to: (808) 586-7509				
	lid and Hazardou								
1	wai'i Departmen 9 Ala Moana Bo			ptice of intent to close a UST must be provided to the Department of Health at ast 30 days prior to the actual date of closure. If you have any questions					
919 Ala Moana Boulevard #212 le Honolulu, Hawai'i 96814					garding this notice, call our office at (808) 586-4226.				
UST Facility Description - Provide a description of the U				ST facilit	у.				
Facility ID Facility Name			Facility Address						
UST System D	escription - Pro	vide a	description of the U	ST(s) to be closed. Use additional sheets as needed.					
Tank ID	Tank Capaci	ity Substance				Material of Tank Construction		Projected Date	
	(gallons)		(gasoline, di	sel, etc.)		(steel, FRP, etc.)		of Closure	
			•						
r									
						or or authorized represen osure to this person.	tative; i.e. a perso	n legally responsible	
Name / Title				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Company Name									
Mailing Address									
Phone / Fax Nu	umbers						· · · · · · · · · · · · · · · · · · ·		
Contractor Info	ormation - Provid	le inf	ormation on the cont	actors a	nd cons	ultants who will close the	e UST(s). Use addi	itional sheets as	
Contact Name	/ Title								
Company Nam	e						<del></del>		
Mailing Addres	8								
Phone / Fax Nu	ımbers								
Notice Provided	d By:								
Name			Company			Signature		Date	
			···				DOH Form	UST-CLOSURE (4/97)	
						-			
Hawaii UST Technical Guidance Manual					-C-2			March 2000	

	No	tice of	Intent for Chai	ge-in-Se	ervice of Underground	Storage Tanks			
919 Ala Moana Boulevard #212					ofax it to: (808) 586-7509  otice of intent to close a UST must be provided to the Department of Health at ast 30 days prior to the actual date of change-in-service. If you have any uestions regarding this notice, call our office at (808) 586-4226.				
UST Facility De	scription - P	rovide a d	lescription of the U	BT facility					
Facility ID	by Description - Provide a description of the U  Facility Name				Facility Address				
UST System De	scription - F	rovide a d	description of the V	ST(s) subject to a change-in-service. Use additional sheets as needed.					
Tank ID	Ca	ank pacity llons)	Previous Sub Stored (gasoline, dies	tance	New Substance Stored (e.g. water)	Material of Tank Construction (steel, FRP, etc.)	Projected Date of Change-in- Service		
			,						
Contact Information - Provide information on the UST owner, for the UST(s). We will send official correspondence regarding							n legally responsible		
Name / Title									
Company Name									
Mailing Address									
Phone / Fax Numbers									
Contractor Information - Provide information on the cor Use additional sheets as needed.				tractors a	nd consultants who will perfo	orm the UST(s) site as	sessment(s).		
Contact Name / Title									
Company Name	1								
Mailing Address	3								
Phone / Fax Nu	mbers								
Notice Provided	Ву:								
Name Company			Signature DOH Form UST-CLOSURE (4/97						
						DOH Form U	SI-CLOSURE (4/97)		
Hawaii UST Technical Guidance Manual				3	3-C-3		March 2000		